

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized CommitteeRECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

Donnelly for Indiana

ADDRESS (number and street)

1050 17th St, NW, Ste 590



Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

C

C00393652

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

IN

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

in the State of

IN 00

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

in the State of

IN 00

5. Covering Period

M M / D D / Y Y Y Y Y Y
04 / 19 / 2012

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

through

M M / D D / Y Y Y Y Y Y
06 / 30 / 2012

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Katherine Davis

Signature of Treasurer

Katherine L. Davis
Katherine Davis

Date

M M / D D / Y Y Y Y Y Y
01 / 29 / 2013

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
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(Revised 02/2003)